

W3779

# ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY



(Instructions on back of application)

1. The name of the professional limited liability company is: Treasure Valley  
Podiatry, P.L.L.C.

2. The professional limited liability company is organized for the practice of the profession(s)  
of: Podiatry

3. The address of the initial registered office is 185 E. Mallard Dr. #334,  
Boise, ID 83706 (not a PO Box), and the name of the  
initial registered agent at that address is James J. Owen, DPM

Signature of registered agent: *James J. Owen*

4. The latest date certain on which the professional limited liability company will dissolve is:  
6/30/2047

5. Is management of the limited liability company vested in a manager or managers?  
☐ Yes ☒ No (check appropriate box)

6. If management is vested in one or more manager(s), list the name(s) and address(es) of at  
least one initial manager. If management is vested in the members, list the name(s) and  
address(es) of at least one member.

<u>Name:</u>	<u>Address:</u>
<u>James J. Owen, D.P.M., Member</u>	<u>185 E. Mallard Dr. #334,</u> <u>Boise, ID 83706</u>

<u>Dana S. Tanikawa-Owen, D.P.M.</u>	<u>Same as Above</u>
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7. Signature(s) of at least one person listed in #6  
above:

*Dana Tanikawa-Owen DPM*  
*James J. Owen DPM*

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DEPT. SECRETARY OF STATE

DATE 03/24/1997

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CK #: 180 CUST# 78631

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